



**IDENTIFICATION FILE REQUEST**  
**FOR**  
**NEVADA RECORDS OF CRIMINAL HISTORY**

I hereby authorize the Nevada Criminal History Repository to disclose criminal history information, if any, within my identification file to me or the person or entity listed below:

Today's Date: \_\_\_\_\_

Subject of Record Below (write the full name of the subject who the criminal history check is about)

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Subject*

\_\_\_\_\_  
*Date of Birth*

Respond To (agency): \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The use of this form is intended to safeguard the rights of the signatory and ensure the confidentiality of the requested information against non-authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. **A \$21.00 certified check or money order made payable to the Department of Public Safety must accompany each request.**